

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

091 765 639

FILING DATE

1-22-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)															
2							51								
3							52								
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45							94								
46							95								
47							96								
48							97								
49							98								
50							99								
TOTAL IND.	3						100								
TOTAL DEP.	9						TOTAL IND.								
TOTAL CLAIMS	12						TOTAL DEP.								
							TOTAL								

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